

an additional comment period, on balance, would be justified by the long-term success of the program.

Furthermore, in our response to the proposed regulation, we outline a series of recommendations by which CMS can make significant improvements to the regulation to better align the regulation with the goals and intent of the legislation. The implementation of MACRA will impact our health care system for years to come and it must be done thoughtfully, carefully, and as simply as possible – and this proposed rule at present falls short of these goals. The AAFP and our members stand ready to assist CMS in ensuring that the MACRA regulations achieve the goals established by the law and advance high quality and efficient health care for Medicare beneficiaries. We offer the following key recommendations for your consideration:

### **Performance Period**

The AAFP has been engaged in aggressive member education and practice transformation programs since the passage of MACRA in 2015. Despite these efforts, we remain concerned that a January 1 start date does not provide adequate time for education and practice adjustments that will be required to ensure the successful implementation of the quality payment programs in a majority of family physician practices. Assuming CMS issues the final rule for MACRA implementation on or around October 1, 2016, our members will need more than three months to develop a quality plan, ensure EHR functionality, identify and select relevant clinical practice improvement activities, and make necessary changes to reporting mechanisms. Furthermore, physicians will need to align their Medicare activities with similar activities in Medicare Advantage, Medicaid, and the commercial insurance markets.

Additionally, we are deeply concerned that the period between data reporting and payment is too great. MACRA called for CMS to “make efforts” to ensure that the performance and payment periods be as close together as possible. We believe that the traditional two-year period between data submission and payment that is included in the proposed regulation neither meets Congressional intent nor achieves the goals established by the legislation. As the program matures, the sophistication of physician practices will demand more timely data reporting, so we would encourage you to establish a more reasonable timeframe from the beginning.

For these reasons, the AAFP urgently and strongly recommends that the initial performance period should start no sooner than July 1, 2017. While we prefer that the performance period start in 2018, we recognize that this time frame creates program administration challenges that may be insurmountable for CMS. However, based on information provided by CMS, we believe that the establishment of the payment period on July 1 allows time for the AAFP to engage in member education and allows CMS to meet its program administration requirements and the requirements of the law.

### **Quality measures**

All measures used in MIPS and APMs must be clinically relevant, harmonized and aligned among all public and private payers, and minimally burdensome to report. To accomplish this, the AAFP recommends that CMS use the core measure sets developed by the multi-stakeholder Core Quality Measures Collaborative to ensure alignment, harmonization, and the avoidance of competing quality measures among payers.

Additionally, the AAFP believes that the reporting burden under MIPS should be equivalent for all participating physicians. To accomplish equivalency in the reporting burden, we believe that all physicians participating in the MIPS program should be required to meet the same program